200/634 PTO/SP/21 (08 02)

PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control purpose.

Onder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Mail Stop | Amendment

are required to respond to a collection	of information unless it displays a valid OMB control number.
Application Number	09/993,353
Filing Date	November 13, 2001
First Named Inventor	Richard N. Ellson
Art Unit	1634
Examiner Name	Betty J. Forma
Attorney Docket Number	7610-0002.20

		ENCLOSURES (Check all that apply)		
		ENCLOSURES (Check all that apply)		
No fee due		Drawing(s)	_ ,	ance Communication
Fee Transmittal		Licensing-related Papers		ology Center (TC)
Fee(s) due		Petition		munication to Board
Fee Transmittal		Petition to Convert to a	· ' '	and Interferences
Check for \$225.00		Provisional Application		munication to TC
Charge any underpaymer	nt or	Power of Attorney, Revocation,	1 —	e, Brief, Reply Brief)
credit any overpayment t		Change of Correspondence	Proprietary	
Deposit Account No. 18-		Address	Status Lette	
Return postcard		Terminal Disclaimer	· —	sure(s) (please
Manual Ament/Reply		Request for Refund	identify belo	ow):
After Final		CD, Number of CD(s):		
Affidavits/declaration(s	s)	Domodes	<u> </u>	<u></u>
Extension of Time Ro	•	Remarks:		
(two- months)	- 4			
Express Abandonment Red	quest			
Information Disclosure Stat	ement			
& Form(s) PTO-1449				
Copy(ies) of cited				
reference(s)				
Certified Copy of Priority				
Document(s)				
Response to Missing Parts	/			
Incomplete Application				
Response to Missing I	Parts			
under 37 CFR 1.52 o				
	SIGNA	TURE OF APPLICANT, ATTORNEY, OR	AGENT	
Firm or		M. Rose, Reg. No. 40,791	Telephone	(650) 330-0900
Individual Name (print/type)	Reed I	ntellectual Property Law Group	relephone	(550) 550-550
Signature		7 L-C	Date	April 11, 2005
	L	-	<u> </u>	<u> </u>
<u> </u>		CERTIFICATE OF MAILING	<u></u>	<u> </u>
I hereby certify that this correspondence	e is beina (	deposited with the United States Postal Service with	sufficient postage as fi	rst class mail in an
envelope addressed to: Commissioner	for Patent	s, P.O. Box 1450, Alexandria, VA 22313-1450 on the	he date shown below.	
Name (print/type) Poe Clark	<u> </u>			
Signature	V		Date	April 11, 2005

IP E VOIE

FEE TRANSMITTAL for FY 2005

Effective 10/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$225

	Complete if Known
Application Number	09/993,353
Filing Date	November 13, 2001
First Named Inventor	Richard N. Ellson
Examiner Name	Betty J. Forman
Group Art Unit	1634
Attorney Docket No.	7610-0002 20

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
	3. ADDI	TIONAL	FEES			
Check Credit card Money Order Other None	Large	Entity	Small	Entity		
	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Deposit Account:	Code	(\$)	Code	(\$)		
Deposit Account No. 18-0580	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Account Name Reed IP Law Group	1052	50	2052	25	Surcharge - late provisional filing	
The Commissioner is authorized to: (check all that apply)					fee or cover sheet	
Charge fee(s) indicated below Charge any underpayment or credit	1053	130	1053	130	Non-English specification	<b></b>
any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte	
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	reexamination	<del></del>
Charge fee(s) indicated below, except for the filing fee to the	1604	920	1004	920	Requesting publication of SIR prior to Examiner action	
above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after	h
above-identified deposit account.	1000	1,040		1,040	Examiner action	ł :
FEE CALCULATION	1251	120	2251	60	Extension for reply within first	
FEE CALCOLATION	1				month	!
	1252	450	2252	225	Extension for reply within second	225
1. BASIC FILING, SEARCH AND EXAMINATION FEES					month	
	1253	1,020	2253	510	Extension for reply within third	
Large Entity Small Entity					month	
Fee Fee Fee Fee Description Fee Paid	1254	1,590	2254	795	Extension for reply within fourth	
Code (\$) Code (\$)	4055	0.400	2255	4.000	month	<u></u>
1001 790 2001 395 Utility filing fee (filed	1255	2,160	2255	1,080	Extension for reply within fifth month	l 1
on or before 12/8/04)	1401	500	2401	250	Notice of Appeal	
1011 300 2011 150 Utility filing fee (filed after 12/8/04)	1402	500	2402	250	Filing a brief in support of an	
1111 500 2111 250 Search Fee	1402	300	2402	200	appeal	! I
1311 200 2311 100 Examination Fee	1403	1,000	2403	500	Request for oral hearing	
1081 250 2081 125 For each additional	1451	1,510	1451	1,510	Petition to institute a public use	
50 sheets exceeding		.,			proceeding	1
100	1452	500	2452	250	Petition to revive – unavoidable	
	1453	1,500	2453	750	Petition to revive – unintentional	
SUBTOTAL (1) \$	1501	1,400	2501	700	Utility issue fee (or reissue)	
	1502	800	2502	400	Design issue fee	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1503	1,100	2503	550	Plant issue fee	
	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Extra Fee from Fee Paid Claims below	1806	180	1806	180	Submission of Information	
					Disclosure Stmt	
Total Claims	8021	40	8021	40	Recording each patent assignment	]
Claims					per property (times number of	
Multiple Dependent =				205	properties)	<b></b>
manpo poponoon	1809	790	2809	395	Filing a submission after final	1
Large Entity   Small Entity	1040	790	2810	395	rejection (37 CFR § 1.129(a)) For each additional invention to be	<u> </u>
Fee Fee Fee Fee Description	1810	790	2010	383	examined (37 CFR § 1.129(b))	1
Code (\$) Code (\$)	1801	790	2801	395	Request for Continued Examination	
1202 50 2202 25 Claim in excess of 20	'00'	130	2001	030	(RCE)	
1201 200 2201 100 Independent claims in excess of 3	1802	900	1802	900	Request for expedited examination	
1203 360 2203 180 Multiple dependent claim, if not paid					of a design application	
1204 200 2204 100 ** Reissue independent claims over original patent	1814	130	2814	65.00	Statutory Disclaimer	
1205 50 2205 25 ** Reissue claims in excess of 20		e (specify				
and over original patent		ed by Basi	c Filing Fe	e Paid	SUBTOTAL (3)	\$225
i and over engine parent						
SUBTOTAL (2) \$						
005.0 <u>\-</u>	1					
**or number previously paid, if greater; For Reissues, see above	1					

SUBMITTED BY					Complete (if applicable
Name (Print/Type)	Flavio M. Rose	Registration No. (Attorney/Agent)	40,791	Telephone	(650) 330-0900
Signature	76-6		<u>!</u>	Date	April 11, 2005
Olghalaro	1 + (-				